

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,610

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22	1					
23	1					
24		2				
25		2				
26		2				
27		0				
28		0				
29		0				
30		0				
31		0				
32			1			
33				0		
34				0		
35				0		
36				0		
37				0		
38				0		
39				0		
40				0		
41				0		
42				0		
43				0		
44				0		
45				0		
46			1			
47				0		
48				0		
49				0		
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				0		
53						
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97						
98						
99						
100						
TOTAL IND.		↓		3		↓
TOTAL DEP.		←		17		←
TOTAL CLAIMS				20		